## **County of San Diego Health and Human Services Emergency Medical Services**

## **Summary of Changes to BLS/ALS Adult and Pediatric Treatment Protocols for July 1, 2012**

Adult Protocols:	
S-102 Abbreviation List	Added: TAH: Total Artificial Heart VAD: Ventricular Assist Device
S-103 BLS/ALS Ambulance Inventory	Change: Atropine 1mg/10ml par level from 3 to 2
S-127 Dysrhythmias	BLS: Added: VAD or TAH patients DO NOT perform compressions unless instructed otherwise by VAD or TAH coordinator or base hospital.
	ALS: <a href="https://doi.org/10.1007/j.com/ALS:250ml">Change: statement regarding 250ml fluid bolus reformatted to clarify indication is to maintain BP ≥90. No change in practice.</a>
S-129 Envenomation Injuries	BLS:  Added: "(not to exceed 110 degrees)" to Stingray or Sculpin Injury: Heat as tolerated.
S-135 Pre-Existing Medical Interventions	BLS: Added: "Bring backup equipment/batteries as appropriate."
S-136 Respiratory Distress	ALS: <u>Change:</u> Epinephrine IM - indication wording changed and note of caution added to the bottom of the protocol.
	<i>Indication:</i> If severe respiratory distress/failure or inadequate response to Albuterol/Atrovent consider:
	Epinephrine 0.3mg 1:1000 IM SO. MR x2 q 10" SO
	If no definite history of asthma: BHPO
	<i>Note</i> : use caution if known cardiac history or history of hypertension or BP >150 or age >40.

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S-138 Shock	ALS: Added: "Nontraumatic" under hypovolemic shock.  Clarification of treatment in shock: maintain BP in nontraumatic hypovolemic shock at ≥90. In trauma and suspected intraabdominal catastrophe remains "maintain BP at 80."	
S-140 Triage, Multiple Patient Incident	BLS/ALS:  Changed: "multi-casualty incident (MCI)" corrected to "Mass casualty incident".	
S-142 Psychiatric/Behavioral Emergencies	ALS:  Change: For Severe Agitation: Versed: "0.2mg/kg" and "0.1mg/kg" deleted. Max dose for first dose is now 5mg for all routes, IM, IN and IV. MR x1 is BHO.  Note of caution added: "Versed: use caution in suspected ETOH intoxication."	
Pediatric Protocols:		
ALL	No changes to Pediatric Protocols	